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APPLICANTS

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**** CONTINUING DATA *******
 This application is a CON of 09/005,167 01/09/1998 PAT 6,391,280
 which is a CIP of 08/782,480 01/10/1997 PAT 6,045,774

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 10/25/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 4
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TITLE
 Novel epithelial tissue imaging agent

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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